

CITY OF BURLINGTON
APPLICATION FOR GROUND TRANSPORTATION SERVICES PERMIT
AND/OR TAXICAB/CONTRACT VEHICLE LICENSE

Applicant is applying for a:

- | | | |
|---|---|--|
| <input type="checkbox"/> Taxicab Vehicle License | <input type="checkbox"/> Queue Permit | <input type="checkbox"/> Courtesy Permit |
| <input type="checkbox"/> Contract Vehicle License | <input type="checkbox"/> Queue Baggage Permit | <input type="checkbox"/> Transfer_____ |

APPLICANT INFORMATION

Business Name_____

Name of Business Owner(s)_____

Physical Address_____ City_____ State_____ Zip Code_____

Mailing Address_____ City_____ State_____ Zip Code_____

Business phone #_____ Fax #_____ Email_____

Insurance Company_____ Insurance Co. phone #_____

VEHICLE IDENTIFICATION

Make _____ Color _____

Model _____ License Plate _____

Year _____ VIN _____

Description of signage on vehicle_____

Address where the vehicle is garaged or stationed_____

- ☐ Proof of insurance attached
- ☐ Proof of vehicle registration attached
- ☐ Proof of airport inspection attached (taxicab and contract vehicle licenses only)
- ☐ Proof of inspection and calibration from a licensed taximeter installation facility

CERTIFICATION OF APPLICATION

I hereby certify that all statements and/or documents made in this application are true and complete, and I agree and understand that any misstatements of material facts herein will result in refusal of license or revocation of permit if one has been granted to me.

Signature of Applicant

Date

TAXI LICENSING OFFICE USE ONLY

Date Received:_____

License Fee Paid:_____

Permit Fee Paid:_____

License #_____

Permit #_____

Issue Date:_____

Expiration Date: 7/31/2016